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Department of the Treasury

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service calendar year, or tax year beginning 07-01-2009 A For the 2009 and ending 06-30-2010 D Employer identification number B Check if applicable Please DORDT COLLEGE use IRS label or 42-0772559 Address change E Telephone number Doing Business As print or type. See Name change (712) 722-6010 pecific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 45,119,480 498 4th Avenue NE Terminated tions. Amended return City or town, state or country, and ZIP + 4 Sioux Center, IA 51250 Application pending Name and address of principal officer Is this a group return for Arlan Nederhoff affiliates? 498 4th Avenue NE Sioux Center, IA 51250 H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 Group exemption number 🕨 Website: ► www.dordt.edu K Form of organization 
✓ Corporation 
✓ Trust 
✓ Association 
✓ Other ► **L** Year of formation 1955 **M** State of legal domicile IA Part I Summary Briefly describe the organization's mission or most significant activities As an institution of higher education committed to the Reformed Christian perspective, the mission of Dordt College is to equip students, alumni, and the broader community to work effectively toward Christ-centered renewal in all aspects of contemporary life Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 24 Number of independent voting members of the governing body (Part VI, line 1b) . . . 24 Total number of employees (Part V, line 2a) . . 1,403 100 Total number of volunteers (estimate if necessary) . 58,668 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **7**b 31,631 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 5,098,045 8,963,843 Program service revenue (Part VIII, line 2g) . 35,273,041 33,332,702 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 535,747 882,596 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 38,966,494 45,119,480 10,307,371 9,126,910 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 15,042,165 16,482,723 16a Professional fundraising fees (Part IX, column (A), line 11e) . 30,129 Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright \frac{1,932,903}{}$ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 11,552,430 12,404,957 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 35,721,505 39,225,180 Revenue less expenses Subtract line 18 from line 12 . 3,244,989 5,894,300 19 Net Assets or Fund Balances **Beginning of Current End of Year** Year 103,112,937 20 Total assets (Part X, line 16) . 94,417,419 21 Total liabilities (Part X, line 26) . 27,411,266 27,716,960 Net assets or fund balances Subtract line 21 from line 20 67,006,153 75,395,977 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian 2011-01-31 Signature of officer Here Arlan Nederhoff Vice President for Business Affairs Type or print name and title Date Check if Preparer's identifying number Preparer's (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours EIN ▶ if self-employed), address, and ZIP + 4 **Use Only** 

May the IRS discuss this return with the preparer shown above? (see instructions) . .

Phone no

### Part III Statement of Program Service Accomplishments

	1	Briefly	describe	the	organization's	missio
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As an institution of higher education committed to the Reformed Christian perspective, the mission of Dordt College is to equip students, alumni, and the broader community to work effectively toward Christ-centered renewal in all aspects of contemporary life

2	Did the organization under the prior Form 990 or 99		. •	s during the year w	hich were not listed on	┌ Yes ┌ No
	If "Yes," describe these r	new services on Sch	edule O			
3	Did the organization ceas		ake significant cha	nges in how it cond	ucts, any program	┌ Yes ┌ No
	If "Yes," describe these o	hanges on Schedul	e O			
4	Describe the exempt purp Section 501(c)(3) and 50 allocations to others, the	) 1(c)(4) organizatio	ns and section 49	47(a)(1) trusts are	required to report the am	•
4a	(Code	) (Expenses \$	34,423,725 ınclu	ding grants of \$	10,307,371 ) (Revenue \$	36,096,969 )
<del></del>	•	, , , , , , , , , , , , , , , , , , , ,			ll aspects of college life (i e ins	
4b	(Code	) (Expenses \$	ınclud	ling grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	includ	ling grants of \$	) (Revenue \$	
4d	Other program services	(Describe in Sche	dule O )			
	(Expenses \$	0 inclu	ding grants of \$		O ) (Revenue \$	0 )
4e	Total program service ex	xpenses <b>►</b> \$	34,423,725			

Dart TV	Chackl	ict of D	equired	Schedules
	CHECKI	ISLUIK	eaurea	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,		Yes	
	Parts VI, VIII, VIII, IX, or X as applicable.	11	105	<u> </u>
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐱	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32		32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (	(2009)		Page 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
		Yes	No

			Yes	NO
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
	<b>1b</b> 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
ь	return	1		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3a	Yes	
ь	return?	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
ā	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	4		
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

498 4th Ave NE

Sioux Center, IA 51250 (712) 722-6010

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 24			
ь	Enter the number of voting members that are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	<u> </u>		
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	ı <b>F</b>
	Arlan Nederhoff			

## Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Institutional Trustee Individual trustee or director		Officei	employee  Key employee		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total	650,069	0	166,989

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -3

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_		
	marviaga	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Carne Foods Ltd 498 4th Avenue NE Sioux Center, IA 51250	Food Service	1,736,282
Datatel Inc 4375 Fair Lakes Ct Fairfax, VA 22033	Computer Software and Consulting	137,012
Angelini and Associates 113 E Ann Street Ann Arbor, MI 48104	Architects	911,845
Hoogendoom Construction 47895 US Hwy 18 Canton, SD 57013	Construction	3,155,344
Poppema Sikma Construction 610 22nd Avenue Sheldon, IA 51201	Construction	3,560,215
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►6	) who received more than	

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Part V	<u>/1111</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
इस	1a	Federated cam	paigns 1a	0				
필드	ь	Membership du	es <b>1b</b>	0				
Contributions, gifts, grants and other similar amounts	c	Fundraising eve	ents <b>1c</b>	0				
# # #	d	Related organiz	rations 1d	0				
E, S	e	Government grants	s (contributions) <b>1e</b>	280,797				
tior sr si	f	All other contribution	ons, gifts, grants, and <b>1f</b>	8,683,046	į	İ		İ
ê¥	g	Noncash contri	butions included in					
ξĚ		lines 1a-1f \$	,078,993					
<u>5 #</u>	h	Total. Add lines	s 1a-1f		8,963,843			
ē				Business Code				
æn	2a	Tuition and Fees		611,310	28,178,580	28,178,580	0	0
Program Service Revenue	Ь	Educational Sales 8	& Service	611,310	556,918	556,918	0	0
90E	C	Auxiliary Sales & S	ervice	611,310	6,331,096	6,331,096	0	0
Ser.	d	Copy Center		323,100	58,668	0	58,668	0
Ē	e	Student Loans & M	ISC	611,310	147,779	147,779	0	0
200	f	All other progra	am service revenue		0	0	0	0
Š	g	Total. Add lines	ا s 2a – 2f		35,273,041			
	3	Investment inc	ome (including dividenc	ls, interest				
			aramounts)		882,596	882,596	0	0
	4		stment of tax-exempt bond p	roceeds 🕨	0	0	0	0
	5	Royalties		· · · · · · · · · · · · · · · · · · ·	U	0	0	0
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income	0					
	•	or (loss)	_					
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) O ther				
	Ь	Less cost or other basis and						
	<sub>c</sub>	sales expenses Gain or (loss)	0	0				
	d		s)					
	8a	Gross income f						
Other Revenue			-					
<u>-</u>			a					
Ě	b		penses <b>b</b> [ (loss) from fundraising e	womto 📴				
•	c 9a		rom gaming activities	events				
	ь	See Part IV , lin	penses b					
			(loss) from gaming activ	rities				
	10a	Gross sales of returns and allo	ınventory, less					
	ь	Less cost of a	oods sold <b>b</b>					
	c		(loss) from sales of inve	ntory ►				
		Miscellaneous		Business Code				
	11a							
	b							
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		0			
			_	*_	0			
	12	iotal revenue.	See Instructions	•	45,119,480	36,096,969	58,668	0

	990 (2009)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	'		· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	8,693,206	8,693,206		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	1,614,165	1,614,165		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	650,069	286,200	255,927	107,942
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	11,524,916	9,610,805	1,131,270	782,841
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,055,108	857,694	120,217	77,197
9	Other employee benefits	2,429,772	1,964,913	311,599	153,260
10	Payroll taxes	822,858	686,194	80,771	55,893
11	Fees for services (non-employees)				
а	Management				
b	Legal	42,256		42,256	
c	Accounting	53,568		53,568	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	30,129			30,129
f	Investment management fees				
g	Other	3,000,730	2,846,271	70,409	84,050
12	Advertising and promotion	99,631	65,138	12,748	21,745
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	809,707	809,707		
17	Travel	1,155,210	819,052	105,653	230,505
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	115,179	94,105	13,317	7,757
20	Interest	439,526	339,918	99,608	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,026,788	2,026,788		
23	Insurance	204,623	156,713	47,910	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	Lease/Rental	680,635	565,158	113,078	2,399
b	Postage/Shipping	195,054	107,731	21,923	65,400
c	Supplies	1,793,797	1,510,459	167,900	115,438
d	Memberships and Dues	144,794	47,721	93,573	3,500
е	Bad Debts	52,665	0	52,665	0
f	All other expenses	1,590,794	1,321,787	74,160	194,847
25	Total functional expenses. Add lines 1 through 24f	39,225,180	34,423,725	2,868,552	1,932,903
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation		l		rm <b>990</b> (2009)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			5,860,956	1	1,489,211
	2	Savings and temporary cash investments			2,990,000	2	500,000
	3	Pledges and grants receivable, net			1,281,660	3	1,610,234
	4	Accounts receivable, net			66,724	4	86,449
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L			0	5	
Assets	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		1 4958(f)(1)) and			
		Schedule L			0	6	
	7	Notes and loans receivable, net	lotes and loans receivable, net				
8	8	Inventories for sale or use			375,760	8	377,730
⋖	9	Prepaid expenses and deferred charges			45,599	9	66,977
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	91,202,819			
	b	Less accumulated depreciation	10b	27,107,522	52,871,675	10c	64,095,297
	11	Investments—publicly traded securities			24,551,065	11	28,231,516
	12	Investments—other securities See Part IV, line 11		12	0		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets			0	14	
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			94,417,419	16	103,112,937
	17	Accounts payable and accrued expenses .			4,104,949	17	3,771,667
	18	Grants payable			0	18	
	19	Deferred revenue	0	19			
	20	Tax-exempt bond liabilities	0	20			
<u> ē</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•	0	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L		•	0	22	
	23	Secured mortgages and notes payable to unrelated third parties	•		19,460,000	23	19,755,199
	24	Unsecured notes and loans payable to unrelated third parties			0	24	
	25	Other liabilities Complete Part X of Schedule D			3,846,317	25	4,190,094
	26	<b>Total liabilities.</b> Add lines 17 through 25			27,411,266	26	27,716,960
<b>У</b>		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	let e I	ines 27			
9	27	Unrestricted net assets			47,965,273	27	56,462,446
Balance	28	Temporarily restricted net assets			9,817,059	28	9,064,096
됻	29	Permanently restricted net assets		9,223,821	29	9,869,435	
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d con	plet e			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
ĕ	33	Total net assets or fund balances			67,006,153	33	75,395,977
	34	Total liabilities and net assets/fund balances	94,417,419	34	103,112,937		

### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

### OMB No 1545-0047

Inspection

### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

DORDT COLLEGE

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

**Employer identification number** 

									42-077255			
	rt I			blic Charity Stat						tructions		
The	rganı			e foundation because					)			
1		A churc	h, convention	on of churches, or as	sociation of o	churches <b>s</b> e	ection 170(b)	(1)(A)(i).				
2	굣			ın <b>section 170(b)(1)</b>								
3	Г	A hosp	tal or a coop	perative hospital serv	vice organiza	atıon describ	ed in <b>section</b>	170(b)(1)( <i>k</i>	A)(iii).			
4	Γ			organization operate y, and state	ed in conjunc	tion with a h	nospital desc	rıbed ın <b>secti</b>	ion 170(b)(1)	(A)(iii). Ente	erthe	
5	Γ	=	-	erated for the benefit	_	or university	owned or op	erated by a g	governmental	unıt describ	— ed ın	
_	_			<b>A)(iv).</b> (Complete Pa				- 170/b\/1\/	(4.)()			
-	<u> </u>			local government or .	_							
7	ı	describ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)									
8	Г	A comn	nunity trust	described in <b>section</b>	170(b)(1)(A	)(vi) (Com	plete Part II	)				
9	$\Gamma$	Anorga	ınızatıon tha	t normally receives	(1) more tha	ın 331/3% o	f its support i	from contribu	itions, membe	ership fees, a	nd gro	ss
		receipt	from activi	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, and	d (2) no more	than 331/3%	of	
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busines	s taxable ınc	ome (less se	ection 511 ta	x) from busır	esses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	e <b>section 5</b> 0	<b>09(a)(2).</b> (Co	mplete Part	III )			
10	Г	An orga	inization org	anized and operated	exclusively:	to test for p	ublic safety :	See <b>section 5</b>	09(a)(4).			
11	Γ	one or r	nore publicly	anized and operated y supported organiza oes the type of suppo	tions describ	oed in sectio	on 509(a)(1)	or section 50	09(a)(2) See	•		
		аΓ	Type I	<b>b</b> Type II	c	Type III	- Functionally	y integrated	d	┌ Type II	I - Otl	her
e	Γ	•	-	ex, I certify that the o	•		•	•	•	•	•	
_			509(a)(2)									
f		check t	-	received a written de	termination f	rom the IRS	that it is a I	ype I, I ype I	II or Type III	supporting	organız	zation,
g		Since A		006, has the organiz	ation accept	ed any gift o	or contributio	n from any of	f the			,
				ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons desci	rıbed ın (ıı)		Yes	No
		and (III)	below, the g	governing body of the	the support	ed organiza	tion?			11g(i)		
		(ii) a fa	mily membe	r of a person describ	ed in (i) abov	ve?				11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described in	n (ı) or (ıı) al	ove?			11g(iii)		
h		Provide	the followin	g information about t	he supported	d organizatio	on(s)					
(i) Name suppor organiza		me of (ii) (described on col (i) listed in your governing document?			(v) Did you no organizat col (i) of suppo	tify the tion in f your	(vi) Is the organizat col (i) org	e ıon ın anızed	A			
				(see instructions))	Yes	No	Yes	No	Yes	No	1	
Tota				I	1	1		1		1	1	

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b>_</b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493045014291

OMB No 1545-0047

**Political Campaign and Lobbying Activities** 

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Did the filing organization file Form 1120-POL for this year?

	me of the organization RDT COLLEGE	Employer identification number
		42-0772559
Part	t I-A Complete if the organization is exempt under section 501(c) or is a	section 527 organization.
1	Provide a description of the organization's direct and indirect political campaign activities in Pa	rt IV

_	Provide a description of the organization's direct and munect political campaign activities in Part IV				
2	Political expenditures	<b>&gt;</b>	\$		
3	Volunteer hours		_		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	•	\$ _		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			┌ Yes	┌ No
4a	Was a correction made?			☐ Yes	┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the organization is exempt under section 501(c) except section	n 50	1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	<b>&gt;</b>	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	<b>•</b>	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	<b> -</b> -	\$		

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	(c) EIN	( <b>d)</b> A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).							
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,				
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures	nditures			(b) Affiliated Group Totals		
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	ıbyıng)					
b	Total lobbying expenditures to influence a legisla							
c	Total lobbying expenditures (add lines 1a and 18							
d	Other exempt purpose expenditures							
e	Total exempt purpose expenditures (add lines 1	c and 1d)						
f	Lobbying nontaxable amount Enter the amount f							
	If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  The lobbying nontaxable amount is:  20% of the amount on line 1e							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00				
	Over \$17,000,000	\$1,000,000						
		•						
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)						
h	Subtract line 1g from line 1a If zero or less, enter	er -0-						
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -						
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No		
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five		
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı		
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
c	Total lobbying expenditures							
d	Grassroots non-taxable amount							

oncaa.c	om 550 or 550 EL/Loos		ı aye
Part II-B	Complete if the organization is exempt under section $501(c)(3)$ and has (election under section $501(h)$ ).	NOT filed Fo	orm 5768
		( )	(1.)

		(a)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?	Yes		3,310	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i			3,310	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
Ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	

### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Ident if ier		Return Reference	Explanation
SchC <sub>-</sub>	_P2B_S00_L01		A percentage of the dues the college pays to a trade organization are used for lobbying. There are no other lobbying
			expenditures

1

5

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DLN: 93493045014291

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Rev

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ar Revenue Service F Attach to Form 990. F See	e separate instructio	ns.		Tushection
ame of the organization ORDT COLLEGE		Empl	oyer identifica	at ion number
O and all and the second	d OI' O'		772559	
Organizations Maintaining Donor Advised Fundamental organization answered "Yes" to Form 990, Part IV, II		ilar Funds (	or Accounts	<b>s.</b> Complete if
	onor advised funds	(	<b>b)</b> Funds and (	other accounts
Total number at end of year				
Aggregate contributions to (during year)				
Aggregate grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and donor advisors in writing funds are the organization's property, subject to the organization's			sed	┌ Yes ┌
Did the organization inform all grantees, donors, and donor advisor used only for charitable purposes and not for the benefit of the dono conferring impermissible private benefit	or or donor advisor, (	or for any othe	r purpose	┌ Yes ┌
rt II Conservation Easements. Complete if the organi		'Yes" to Form	1 990, Part I'	V, line 7.
Purpose(s) of conservation easements held by the organization (check the preservation of land for public use (e.g., recreation or pleasure protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qualified conservation of the preservation of the preservation held a qualified conservation.	Preservation	on of an histori on of a certified he form of a co	d historic struc	•
easement on the last day of the tax year			Hold at the	End of the Yea
Total number of conservation easements		2a	neid at the	ELIIG OF THE TEA
Total acreage restricted by conservation easements		2b		
Number of conservation easements on a certified historic structure	e included in (a)	2c		
Number of conservation easements included in (c) acquired after 8	• •	2d		
Number of conservation easements modified, transferred, released	, extinguished, or te	rminated by th	e organization	during
the taxable year 🕨				
Number of states where property subject to conservation easemen	t is located ►			
Does the organization have a written policy regarding the periodic enforcement of the conservation easements it holds?	monitoring, inspectio	on, handling of	violations, and	□ Yes □
Staff and volunteer hours devoted to monitoring, inspecting and en	forcing conservation	n easements du	ırıng the year	<b>-</b>
A mount of expenses incurred in monitoring, inspecting, and enforce	ing conservation eas	sements during	the year 🟲 \$	
Does each conservation easement reported on line 2(d) above satisfied (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	sfy the requirements	s of section		┌ Yes ┌
In Part XIV, describe how the organization reports conservation eablance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements		•	•	
Organizations Maintaining Collections of Art, F Complete of the organization answered "Yes" to Forn			ner Similar	Assets.
If the organization elected, as permitted under SFAS 116, not to reart, historical treasures, or other similar assets held for public exh provide, in Part XIV, the text of the footnote to its financial statem	ıbıtıon, educatıon or	research in fui		
If the organization elected, as permitted under SFAS 116, to report historical treasures, or other similar assets held for public exhibition provide the following amounts relating to these items				•
(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$	
(ii) Assets included in Form 990, Part X				
If the organization received or held works of art, historical treasure following amounts required to be reported under SFAS 116 relating		ssets for financ		
Revenues included in Form 990, Part VIII, line 1				
November Meraded III of III 550, I die VIII, III e I			<b>►</b> \$	

'a r	<b>Titl</b> Organizations Maintaining Co	<u>llections of Art</u>	, Hist	<u>toric</u>	<u>al Tre</u>	asu	ires, or (	<u> </u>	<u>er Simila</u>	r Asse	ets (co.	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of the	e follo	wing tha	at ar	e a sıgnıfıc	ant u	use of its co	ollectio	n	
а	Public exhibition		d	Γ	Loan or	exc	hange prog	rams	3			
b	Scholarly research		e	$\Gamma$	Other							
c	Preservation for future generations											
1	Provide a description of the organization's content XIV	ollections and expla	ın how	they	further t	the c	organizatio	n's ex	xempt purp	ose in		
5	During the year, did the organization solicite assets to be sold to raise funds rather than								nılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						n answere	d "Y	es" to Fo	rm 990	),	
	Part IV, line 9, or reported an ar											
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other interme	diary	for co	ntributio	ons	or other as:	sets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	followi	ıng tal	ole		Г					
										A mo	unt	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
a	Did the organization include an amount on F	orm 990, Part X, line	e 21?							Г	Yes	Г No
b	If "Yes," explain the arrangement in Part XI\	1										
٦a	rt V Endowment Funds. Complete	f the organization	n ansv	wered	d "Yes"							
		(a)Current Year	(b	Prior Y		(c)⊺	wo Years Bad	k (d	<b>I)</b> Three Years	Back (	e)Four Ye	ars Back
а	Beginning of year balance	21,303,412		•	984,429			_				
b	Contributions	4,739,074			174,772			_				
С	Investment earnings or losses	2,897,137			199,131							
d	Grants or scholarships	212,400			171,199			_				
е	Other expenditures for facilities and programs	7,766,252			413,500							
f	Administrative expenses	76,965			71,960			$\top$				
g	End of year balance	20,884,006		21,	303,411							
	Provide the estimated percentage of the yea	r end balance held a	as		•							
а	Board designated or quasi-endowment	34 % %										
b	Permanent endowment ► 66 % %											
c Sa	Term endowment ► 0 % %  Are there endowment funds not in the posse	ssion of the organiz	ation t	hat ar	e held a	and a	dministere	d for	the			
-	organization by	John of the organize	201011	ac ar	c nera a			u 101	tiic		Yes	No
	(i) unrelated organizations									3a(i)		Νο
	(ii) related organizations									3a(ii)		No
Ь	If "Yes" to 3a(II), are the related organization	·						•		3b		
	Describe in Part XIV the intended uses of th											
'a	t VI Investments—Land, Building	s, and Equipme	nt. 56							Т		
	Description of investment				Cost or oth (Investme		( <b>b)</b> Cost or o		(c) Accumu depreciat		( <b>d</b> ) Boo	k value
a	Land		•			0	1,63	5,282			1	.,635,282
b	Buildings					0	62,65	3,151	17,1	80,719	45	,472,432
c	Leasehold improvements					0	9	5,931		95,931		(
d	Equipment					0	10,61	1,823	8,5	95,391		2,019,432
e	Other					0	16,20	3,632	1,2	35,481	14	,968,151

64,095,297

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value	(c) Metho Cost or end-of	d of valuation -year market value
Financial derivatives	0		
Closely-held equity interests	0		
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	0		
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	( <b>b)</b> Book value		d of valuation -year market value
			•
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			(b) Book value
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes  A mounts Held on Behalf of Others	269,774		
Student and Other Deposits	754,545		
Annuity Payment Liability	444,210		
Liability Under Annuity Trust Agreements	202,949		
US Government Grants Refundable	2,518,616		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	4,190,094		
	, -,		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	45,119,480
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	39,225,180
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,894,300
4	Net unrealized gains (losses) on investments	4	2,495,524
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	2,495,524
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,389,824
	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	47,615,004
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 2,495,524		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	2,495,524
3	Subtract line <b>2e</b> from line <b>1</b>	3	45,119,480
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV) 4b 0		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	45,119,480
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	39,225,180
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	39,225,180
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
Ь	Other (Describe in Part XIV) 4b 0		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	39,225,180
Pai	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04		Provide scholarships for students and money for general operations of the college
SchD_P10_S00_L00	Schedule D, Part X	None

**Employer identification number** 

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

DORDT COLLEGE

Name of the organization

### **Schools**

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	42-0772559			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain  It is published in the college catalog	3	Yes	
4	Does the organization maintain the following?	1		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
6a	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)  Does the organization receive any financial aid or assistance from a governmental agency?		Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Νο
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)   Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

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DLN: 93493045014291

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection** 

**Employer identification number** Name of the organization DORDT COLLEGE 42-0772559

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or			
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award			
	the grants or assistance?	Yes	Γ	No

For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

<b>3</b> Activites per Region (U	se Schedule F-1	(Form 990) if add	ditional space is needed )		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	for region
Europe (including Iceland and Greenland)	0	0	Program Services	Expenses for students to study off-campus	250,573
Central America and the Caribbean	0	0	Program Services	Expenses for students to study off-campus	30,334
Middle East and North Africa	0	0	Program Services	Expenses for students to study off-campus	70,975
Russia and the newly independent States	0	0	Program Services	Expenses for students to study off-campus	13,300
East Asia and the Pacific	0	0	Program Services	Expenses for students to study off-campus	44,295
Totals ▶	0	0			409,477
For Privacy Act and Paperwork R	eduction Act Notic	e, see the Instruc	tions for Form 990.	Cat No 50082W Sche	edule F (Form 990) 2009

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

Use Schedule	: F-1 (FORM 990) IF ad	<u>iditional space</u>	is needed.				
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	( <b>h)</b> Method of valuation (book, FMV, appraisal, other)
Scholarships	North America (including Canada and Mexico, but not the United States)	97	892,970	Credit to Student Accounts			
Scholarships	Sub-Saharan A frica	6	85,600	Credit to Student Accounts			
Scholarships	Central America and the Caribbean	3	52,400	Credit to Student Accounts			
Scholarships	South Asia	4	59,000	Credit to Student Accounts			
Scholarships	East Asia and the Pacific	25	394,410	Credit to Student Accounts			
Scholarships	Europe (including Iceland and Greenland)	9	74,485	Credit to Student Accounts			
Scholarships	South America	3	,	Credit to Student Accounts			
							<u> </u>

Schedule F (Form 990) 2009

Identifier	ReturnReference	ured in Part I, line 2, and any additional information.  Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	The Financial Aid Director determines the amount of grants giver
		to all students

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DLN: 93493045014291

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

lame of the organization OORDT COLLEGE					Employer ide	ntification number
					42-0772559	)
	<b>ctivities.</b> Comple ers are not require			tion answered "Yes" s part.	to Form 990, Part IV	/, line 17.
1 Indicate whether the orga	anızatıon raısed fund	s through ar	ny of the	following activities Ch	eck all that apply	
<b>a</b> Mail solicitations			е	Solicitation of noi	n-government grants	
<b>b</b>	olicitations		f	☐ Solicitation of gov	vernment grants	
c  Phone solicitations			g	Special fundraisir	ng events	
d In-person solicitation	ns					
2a Did the organization have or key employees listed i						Γ <sub>Yes</sub> Γ <sub>No</sub>
<b>b</b> If "Yes," list the ten higher to be compensated at least						
		(iii) D	) i d			
<b></b>			r have		(v) A mount paid to	(vi) A mount paid to
<ul><li>(i) Name of individual or entity (fundraiser)</li></ul>	(ii) Activity	custody or control of		(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
, (,		contributions?		,	col (i)	organization
		Yes	No			
otal			<b>&gt;</b>			
					<u> </u>	•
3 List all states in which t	the organization is re	gistered or	licensed	to solicit funds or has	been notified it is exem	pt from registration or
licensing						

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted	
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	( <b>d)</b> To	otal Eve ol <b>(a)</b> th ol <b>(c)</b> )		
Revenue	1 2 3	Gross receipts  Less Charitable contributions  Gross income (line 1 minus line 2)	(event type)		(total number)				
	4	Cash prizes							
Ses	5 6	Non-cash prizes				+			
Expenses	7	Food and beverages							
Direct B	8	Entertainment							
ឨ	9	Other direct expenses .				<u> </u>			
	10 11	Direct expense summary Add line Net income summary Combine lii			<b>.</b> 				
Par	t III		ganızatıon answered		irt IV, line 19, or repo	rted mo	re thar	1	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam I <b>(a)</b> th ol <b>(c)</b> )		
	1 (	Gross revenue							
Ses	2 (	Cash prizes				<u> </u>			
Expenses	s 1	Non-cash prizes				<u> </u>			
Direct E	4 F	Rent/facility costs							
<u></u>	5 (	Other direct expenses							
	6 \	Volunteer labor	∀es	│	Г Yes				
		Direct expense summary Add lines			<b>.</b>				
	8	Net gaming income summary Com	bine lines 1, column d, a	ind line 7	<u> <del>.</del> .</u>		Yes	No	
9 a	Is th	er the state(s) in which the organiza ne organization licensed to operate				· 9a			
Ь		lo," Explain				_			
10a b	· · · · · · · · · · · · · · · · · · ·								
11		s the organization operate gaming a					.		
12		ne organization a grantor, beneficia ied to administer charitable gaming				.   .,			

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I

(Form 990)

DLN: 93493045014291

OMB No 1545-0047

**Governments and Individuals in the United States** Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service

Open to Public

Name of the organization								
DORDT COLLEGE				42-0772559	42-0772559			
Part I General Infor	mation on Grants	and Assistance				•		
<ul><li>Does the organization m the selection criteria use</li><li>Describe in Part IV the organization</li></ul>	ed to award the grants	or assistance?				•	✓ Yes	
Form 990, Part	IV, line 21 for any	Governments and recipient that receive 0) if additional space	d more than \$5,000.	. Check this box if no	o one recipient receiv	ed more than \$5,00	0. Use	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(3)	(h) Purpose of grant or assistance	

**Grants and Other Assistance to Organizations,** 

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Student Financial Assistance	1700	10,307,371	ı n	Dollar amount of scholarships	
See Additional Data Table					
		•	•		_

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	The Financial Aid Director determines the amount of grants given to each student

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DLN: 93493045014291

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

DORDT COLLEGE 42-0772559 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g , maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(1)-(D)	<b>(F)</b> Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Dellents	(B)(I)-(D)	Form 990 or Form 990-EZ
Dr Carl Zylstra	(ı) (ıı)	156,064 0	0 0	0	0	44,031 0	200,095 0	0 0
Erık Hoekstra	(ı) (ıı)	129,899 0	0 0	_	0 0	22,963 0	152,862 0	0 0

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchJ_P01_S00_L01a	Part I, Line 1a	The president's spouse occasionally travels with him to conferences or other trips. This is typical of many college presidents and is expected. The college provides living quarters on campus for the president which is also used for entertaining current and prospective donors and students as well as employees. The college also provides cleaning services for the residence

Schedule J (Form 990) 2009

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DLN: 93493045014291

OMB No 1545-0047

2009

Open to Public

### Schedule K (Form 990)

### **Supplemental Information on Tax Exempt Bonds**

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization DORDT COLLEGE Inspection
Employer identification number
42-0772559

									42-0772559					
Pa	rt I Bond Issues									•				
	(a) Issuer Name	(a) Issuer Name (b) Issuer EIN (c) CUSIP #		<b>(d)</b> Date :	Issued	(e) Issue Price		(f) Desc	ription of Pi	urpose	<b>(g)</b> De	feased	Beha	On alf of uer
											Yes	No	Yes	No
A	City of Sioux Center	42-6005218		05-01-2	2009	7,2	50,000 C	lassroom B	uıldıng Rem	odel		X	X	
В	City of Sioux Center	42-6005218		10-01-2	2004	5,9	00,000 C	onstruct Co	ovenant Hall	I		X	Х	
c	City of Sioux Center	42-6005218		09-10-2	2009	12,0	00,000 C	Construct Kuyper Hall			X	X		
Pai	TIII Proceeds													
				A		В			2		D		E	
1	Total proceeds of issue				7,250,000	į	5,900,000		9,915,199					
2					0		0		0					
3					0		0		0					
4	Other unspent proceeds				0		0		0					
5	Issuance costs from proceeds				0		0		0					
6	Working capital expenditures fro	m proceeds			0		0		0					
7	Capital expenditures from procee	eds		7	7,250,000	į	5,900,000		9,915,199					
8	Year of substantial completion			200	09	2004 2010		10						
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding issue?			Χ		Χ		Χ					
10	Were the bonds issued as part of	an advance refunding issue?		Χ			Х		Χ					
11	Has the final allocation of procee	ds been made?		X		X			X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?		ort	X		X		X						
Par	t IIII Private Business Use	2												
					Α	В					D		E	
	Was the organization a partner;	a partnership, or a member of an Ll	C	Yes	No	Yes	No	Yes	No	Yes	No	Ye	S	No
1	which owned property financed b	y tax-exempt bonds?	•		Χ		Χ		X					
2	Are there any lease arrangements with respect to the financed property which may result in private business use?			X		Χ		×						
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 50193E Schedule K				K (Form	orm 990) 2009							

Е

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

		. A		ь						L
3a	Are there any management or service contracts with respect to the	Yes	No Ye	es No X	Yes	No X	Yes	No	Yes	No
3b	financed property which may result in private business use?  Are there any research agreements with respect to the financed prope	rty	X	X		Х				
3с	which may result in private business use?  Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X	Х		X				
4	Enter the percentage of financed property used in a private business uby entities other than a section 501(c)(3) organization or a state or logovernment									
5	Enter the percentage of financed property used in a private business uses a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5		0 %	C	) %	0 %	6			
7 Doe	Has the organization adopted management practices and procedures tensure the post-issuance compliance of its tax-exempt bond liabilities  TIV Arbitrage		Х		Х					
Pai	Arbitrage	Α	В		С		D		E	
	Ye		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to	is NO	res	NO	res	140	165	NO	165	140
	the bond issue?	Х		X		X				
2	Is the bond issue a variable rate issue?	X		Х		х				
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?									
	records?	X		Х		Х				
b	Name of provider									
С	Term of hedge									
4a	Were gross proceeds invested in a GIC?	X		Χ		X				
b	Name of provider									
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
5	Were any gross proceeds invested beyond an available temporary period?	Х		x		X				
6	Did the bond issue qualify for an exception to rebate?	X		X		X				
								Schedule I	K (Form 990)	2009

В

С

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DLN: 93493045014291

OMB No 1545-0047

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization DORDT COLLEGE				Employer identifica	ntion number
				42-0772559	
Part I Excess Benefit Transact					
Complete if the organization an	swered "Yes" on Form 990,	Part IV, line 25a o	r 25b, or Forr	n 990-EZ, Part V, I	
1 (a) Name of disqualified	d person	<b>(b)</b> Desci	rıptıon of tran	saction	(c) Corrected
					Yes No
<ul><li>2 Enter the amount of tax imposed on the section 4958</li><li>3 Enter the amount of tax, if any, on line</li></ul>				year under • \$ ——	
Part II Loans to and/or From	Interested Persons.				
Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 26,	or Form 990		a
(a) Name of interested person and or fr	oan to  om the  (c)O riginal  ization?  principal amount	(d)Balance due	<b>(e)</b> In default?	(f) Approved by board or committee?	(g)Written agreement?
То	From		Yes No	Yes No	Yes No
Total			line 27	1	1
(a) Name of interested person	( <b>b)</b> Relationship betw		son	mount of grant or ty	ype of assistance
Henry Kranenburg	Trustee		Scholai	rships for his daugh	ter
Randy Kroll	Trustee		Scholai	rships for his daugh	ter
Henry Eekhoff	Trustee		Scholai	rships for his son	
Arnold Veldkamp	Trustee		Scholai	rships for his son	
Kevin Wolterstorff	Trustee		Scholai	rships for his son	
Arlan Nederhoff	Key Employee			rships for his son	
Part IV Business Transactions	Involving Interested	Dorconc			
Complete if the organization	on answered "Vos" on E		line 285 3	18h or 28c	
Complete if the organizati	on answered "Yes" on Fo		, line 28a, 2	.8b, or 28c.	(e) Sharing o

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE M**

### **NonCash Contributions**

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization **Employer identification number** DORDT COLLEGE 42-0772559

Pa	rt I Types of Property				42-0772559			
	Types of Freperty	(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d reven	- etermı	nıng	
1	Art—Works of art	<u>прригали</u>						
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	14	4,078,993	Stock Quote			
10	Securities—Closely held stock .				_			
11	Securities—Partnership, LLC,							
	or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
26	O ther ►()							
27	O ther ►()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			0
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangem	ent in Part I	II					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third parti	_	to solicit, process, or sell	non-cash	32a		Νο
b	If "Yes," describe in Part II							
33		revenues ı	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

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DLN: 93493045014291

**SCHEDULE 0** 

Department of the Treasury Internal Revenue Service

(Form 990)

**Supplemental Information to Form 990** 

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

Open to Public Inspection

Name	of	t he	orga	nizat	ion
DORDT	CC	HEG	F		

Employer identification number

42-0772559

ldentifier	Explanation	
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	The members participate in the election of twelve trustees
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	The members participate in the election of twelve trustees
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The 990 is reviewed and approved by the Finance Committee prior to filing. A copy is given to the officers of the college as well as all Board Members prior to filing. The accounting firm doing the audit also reviews the 990.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Conflict of interest forms are prepared annually by Board members and reviewed by management
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Compensation for the President and other Officers is determined using comparability data and is approved by the Board of Trustees
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Documents are available on request at the Business Office

# Software ID: Software Version:

**EIN:** 42-0772559

Name: DORDT COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) Average hours per		tion ( that a	(che			ı	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Henry Contant Board Member	5	X						0	0	0
Ruth Verhoef	5	X						0	0	0
Board Member	3	^						v	0	Ü
Rev Henry Kranenburg Board Member	5	Χ						0	0	0
Arnold Veldkamp Board Member	5	Χ						0	0	0
Patricia Dykstra Board Member	5	X						0	0	0
Rev John Van Schepen Board Member	5	Х						0	0	0
Kevin Wolterstorff	_	V						0	0	0
Board Member	5	Х						Ü	0	Ü
Arlıe Olsen Board Member	5	Χ						0	0	0
Rev Tım Ouwınga Board Member	5	X						0	0	0
Randy Kroll Chairman	7 5	Х						0	0	0
Cnairman Rev Samuel Kim Board Member	5	X						0	0	0
Henry Eekhoff Board Member	5	X						0	0	0
Deb Broek Board Member	5	X						0	0	0
Rev John Hilbelink Board Member	5	X						0	0	0
Robert Vermeer	-	V						0	0	0
Board Member	5	X						Ü	0	U
Joyce Eggebeen Board Member	5	X						0	0	0
Pam Schmidt Board Member	5	Χ						0	0	0
Myra Heibult Board Member	5	X						0	0	0
Norma Nikkel Board Member	5	X						0	0	0
Evan Vanden Bosch Board Member	5	X						0	0	0
Beth Te Grotenhuis Board Member	5	X						0	0	0
Rev Andrew Woja Henry Board Member	5	X						0	0	0
Lloyd Vander Kwaak Board Member	5	X						0	0	0
Randy Feenstra Board Member	5	X						0	0	0
Jay Kroese Board Member	5	Х						0	0	0

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Provost

(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Gary Doppenberg Board Member	5	Х						0	0	0	
Arlan Nederhoff Vice President	45			X				99,863	0	34,626	
Dr Carl Zylstra President	45			Х		X		156,064	0	44,031	
John Baas Vice President	45			Х				107,942	0	28,199	
Q uentin V an Essen Director of Admissions	45			Х				69,766	0	16,978	
Bethany Schuttinga Associate Provost	45			X				86,535	0	20,192	
Erik Hoekstra Provost	45			Χ				129,899	0	22,963	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

·										
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514					
Tuition and Fees	611,310	28,178,580	28,178,580	0	0					
Educational Sales & Service	611,310	556,918	556,918	0	0					
Auxılıary Sales & Service	611,310	6,331,096	6,331,096	0	0					
Copy Center	323,100	58,668	0	58,668	0					
Student Loans & Misc	611,310	147,779	147,779	0	0					

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Lease/Rental	680,635	565,158	113,078	2,399
Postage/Shipping	195,054	107,731	21,923	65,400
Supplies	1,793,797	1,510,459	167,900	115,438
Memberships and Dues	144,794	47,721	93,573	3,500
Bad Debts	52,665	0	52,665	0